	A CONTRACT OF THE CONTRACT OF		
	PLACE OF BIRTH ARIZONA STATE BOA	RD OF HEALTH	
i. County	HILL STATISTICS	State Index No.	
District o	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No.	
Town of	A Contained to the cont	Local Registrar No.	
or	Morkey wo (280 ack)	Wend 😤	
City of	(If birth of horachin a hospital or institution give	NAME instead of street named, make	
	name of child Charla La Verne 16. Legitimate?	If child is not yet named, make the benefit and report, as directed.	Name of the state
	of Child To be answered ONLY (4. Twin, triplet or other 6. Legitimate?)	7. Date of birth (14-1930 .	
	in event of plural	Month day year	200 m
JL	y vacci	MOTHER	
8.	FATHER Full maiden name	11) a Otto 2 / 1	
Full na	ime a fe for the the	my warner	186 186 186 186 186 186 186 186 186 186
). Res	derice (Uaual place of s	abode) Rooklock , was	
7	(Visual place of abode)		
11	nonresident, give place and state		0 .
10. Cc	plor of race	1 (Years)	Kring
	What to 11. Age at last birthday grant (Years)	17. Age at last birthday (Years)	
	18. Birthplace (city or	place) A	
12. Bi	irthplace (city or place)		
	(State or country)		
13. 0	Occupation ()	11 · · · · · · · · · · · · · · · · · ·	
11	Nature of industry .	House wife	Y CHILD
	21. Were	precautions taken against sph-	
20. Nu	imber of children of the month	ia neonatorum?	
(Taken	as of time of orth of child.) (c) Stillborn	<u> </u>	
1	CERTIFICATE OF ATTENDING PHYSICIAN OF MI	DWIFE 15 100 the date above stated.	
I heret	by certify that I attended the birth of this child, who was been nlive or stillborn.)		
	18 = 10	chline whe	
midw	rife, then the tather, nussender, classification of the control of	(Physician or midwife)	ĺ
	dd make this return. A shows other nee that neither breathes nor shows other neces of life after birth.	1131	1
	name added from no. 19.27)	Local Registrar,	4
a supp	demental report Month, day, year.		4
ļ	3 +7/1-1/21/- 16d Filed	County Registrar.	Ä
į	Registrar.	`	223 778